

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Keep Nick Rahall In Congress Committee

Full Name (Last, First, Middle Initial)

A. Doug Reynolds for House

Mailing Address 703 Fifth Avenue

City
HuntingtonState
WVZip Code
25704Purpose of Disbursement
nonfederal contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D972

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	6

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Ellsworth for Congress

Mailing Address P O Box 62

City
EvansvilleState
INZip Code
47708Purpose of Disbursement
federal contributionCandidate Name
Brad EllsworthCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: D932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	6

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Eustace Frederick

Mailing Address 611 Mountain View Avenue

City
BluefieldState
WVZip Code
24701Purpose of Disbursement
nonfederal contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D955

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	6

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)